QUALITATIVE RESEARCH

The range of qualitative research methods in family planning and reproductive health care

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Introduction

Over the past decade there has been a growing interest in the application of qualitative methods in health and social care research. This paper outlines why and when to use qualitative methods, followed by a description of the three main methods that are generally used, and the strengths and weaknesses of each method. The paper ends by highlighting the main issues to consider when choosing to undertake any form of qualitative research.

Why qualitative methods?

Qualitative methods are specific approaches to conducting research. These approaches attempt to understand the world from the perspective of the research participants. Qualitative methods address 'how' and 'why' questions, rather than 'how many'. Qualitative methods are especially suitable for exploring new topics and obtaining insightful data on complex issues.¹ Qualitative methods often aim to examine people in their natural setting, using their own natural set of categories.² At a more abstract level it can be said that qualitative methods are employed to generate hypotheses while quantitative methods are employed to test them.³ We use qualitative methods for three reasons: to establish purpose, context and meaning.

Purpose refers to finding out why people do the things they do. It will offer insights into how behaviours, systems and relationships change and are maintained, and it can help us understand how social organisations operate. In addition, qualitative researchers must be aware of the study's context and include this knowledge in their analysis. Knowing the context of an individual's actions or words is important as people say different things in different contexts. A classic example is that patients in hospital are less likely to be critical of the care they have received than when asked the same question at home 2 weeks later. Finally, phenomena have meaning for people in a particular context and these meanings may differ in different contexts. Hence one of the strengths of qualitative methods is capturing the ways in which people interpret events, experiences and relationships.

The range of qualitative methods

The main three qualitative research methods are listed in Table 1. These are (1) observation, (2) interviews and (3) focus groups.

Table 1 Common qualitative research methods

Method	Specific issues to be considered
Observation	Outsider or participant
Interviews	Face-to-face, telephone or Internet-based Structured, semi-structured or unstructured
Focus groups	With existing groups or specifically invited participants Similar people or people with different characteristics

Observation

The classic example of observational research is of an anthropologist who goes out to conduct fieldwork in a particular community in order to observe the local folklore, habits, myths and rituals by living in the village for a prolonged period of time.⁴ Medical anthropologists have also drawn upon these methods to observe patients' behaviour, for example, women waiting in antenatal clinics or doctor–patient consultations in infertility clinics.

There are two main types of observer: the outsider and the participant observer. The former refers to a researcher coming in as an outsider to observe an existing situation, for example, a sociologist who observes the interactions between obstetricians and patients on the ward. Participant observation, on the other hand, would be where the researcher actively participates in the event, for example, a pregnant anthropologist observing the parentcraft class she has joined as a member. Clearly this form of observation can be very unobtrusive and unstructured, but other forms of observation can be highly structured. An example of the latter would be if the sociologist in the first example made notes every 5 minutes on who is doing what on the ward, who is talking to whom, who is paying attention, who is writing notes, who is silent or who initiates conversation.

Interviews

There are a number of different types of face-to-face interviews: (1) structured or focused, (2) semi-structured and (3) open-ended or unstructured interviews. The decision as to which type of interview to conduct will depend on the research question,⁵ your target population and resources.

Structured interviews use highly detailed questions about a topic. Market research, for example, often uses an interviewer with a clipboard to ask shoppers about the layout of a supermarket. The advantage of such interviews is that they are standardised, easy to conduct and analyse, and relatively inexpensive. The main disadvantage is that data will be far less detailed compared with what could be gathered from an in-depth interview.

The semi-structured qualitative interview is more like a 'guided conversation' with a purpose. Themes are explored using open-ended questions to elicit a response from the interviewee in their own words.⁶ As interviews are only loosely structured the interviewer can diverge to pursue an idea or a comment made by the interviewee in more detail.² It also allows the interviewer some control over the line of questioning.

In contrast, open-ended or unstructured interviews are loosely based on one or more interview topics. This type of interview aims to elicit a free, natural and uninhibited

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response. Such interviews are usually non-directive and are conducted as informally as possible. Oral history research sometimes uses unstructured interviews. For example, a study of elderly pre-National Health Service (NHS) doctors might start with one question: 'Tell me all about your life as a general practitioner (GP)'. As the lives and work of this group of GPs are likely to be very different, the following conversations will vary widely from interview to interview.

Conducting interviews. Before starting your interviews you need to consider a number of relevant points. (1) The sample: who is going to be asked to participate? (this will be considered in more detail below). (2) The interview schedule: what are you going to ask? (3) The location: where will the interview take place? (4) The language used. It will also be important to keep language and concepts at a level appropriate for the interviewee (e.g. avoid the use of medical jargon in interviews with laypersons) and the interviewer (learn the technical terms/jargon of the brain surgeon or health policymaker before you interview them). (5) What will be the best method of recording the conversation? It is often advisable to conduct a small number of pilot interviews.⁷

Starting from the overall research question(s) consider the many ways in which this may be answered by the interviewees. From this 'list' the interviewer can prepare a series of questions, or discussion topics, in the form of an interview schedule. At the same time, issues that emerge from one interview can be included in subsequent interviews, but topics can generally be discussed in any order, although it is advisable to raise sensitive questions later on.⁸ In addition, the different types of interviews outlined above need different types of interview schedules: thus structured interviews need fairly detailed questions, semi-structured interviews need a mixture of open-ended questions and discussion topics or vignettes (see later), and unstructured interviews need only two or three main opening questions. Nevertheless, in all cases it is advisable to have a few probing and follow-up questions prepared in order to get the most out of the interviewee or in case the interview turns out to be more difficult than expected. You might also want to interview people more than once to gain further information. If this is the case, ask at the end of the first interview if the person is willing to be interviewed again.

Interviews can be conducted in many settings such as the clinic, at the interviewee's home or on neutral ground (e.g. a community centre or a university). It is important to create a relaxed atmosphere in a comfortable setting to promote the development of trust. However, the safety of the researcher should not be ignored. Let people know where you are conducting your interviews, and carry a mobile phone to be able to make an emergency call.⁹

Strengths and weaknesses of interviews. The data from interviews are generally rich, in quantity as well as in quality, and the phenomenon studied comes to life through the interpretation of the researcher. The major advantage is that the interviewer can be flexible, i.e. he/she can interact with and react to the interviewee. The interviewer can get further detail and ask for clarification after an interviewee mentions something that does not seem to make sense or contradicts a previous point. Interviewing is particularly useful in situations where the information is not available in any other form, such as when exploring people's attitudes and experiences, especially about sensitive

issues.¹⁰ Some research topics in family planning can be very emotional for the interviewee, for example, involuntary childlessness. Finally, interviews are a key instrument in areas with high levels of illiteracy, e.g. in studies on traditional birth attendants in less-developed countries.

One of the main disadvantages of interviews is the generally small sample size compared to quantitative studies, and the difficulty of generalising the findings to a different population or context. Interviewer bias is another disadvantage, as the interviewer can easily steer the interview in a certain direction (knowingly or unknowingly). The personal attributes of the interviewer may influence the interview, e.g. their gender, ethnicity, their dress, perceived social status, and so on. This may be particularly important if different interviewers are used. In addition, although interviews are sometimes recommended for sensitive issues, some interviewees might find face-to-face interviews on sensitive topics more difficult than completing an anonymous questionnaire. Finally, further weaknesses specifically related to the use of these methods could be: (1) patients might not want to criticise services in interviews with staff, so-called gratitude bias,¹¹ and (2) the family planning doctor might switch roles from researcher to carer and start offering advice or counselling during the interview.

Focus groups

Focus groups have their origins in market research and were later developed as a more general social science research method. Focus groups are guided discussions with a group of people; they are a 'quick and convenient way to collect data from several people simultaneously'.¹² The reason for doing focus groups rather than one-to-one interviews is that in a focus group participants trigger off ideas in each other, they generate discussion and an element of deliberation. An additional advantage is that not all participants have to say something on all of the (sub)topics discussed.

It is important that focus groups are facilitated by a trained person who can guide the discussion without unduly influencing it as a focus group can, for example, be dominated by one or more talkative and/or opinionated individual(s). A skilled facilitator should also be able to draw other participants into the discussion (see below) but this is, of course, not always guaranteed. Traditionally, focus groups are conducted with people who do not know each other. People who know each other and/or work with each other on a day-to-day basis might not speak openly about thorny issues concerning their group. This could be a particular limitation if the focus group is centred on work- and management-related issues in a group of professionals. More generally, participants in focus groups often experience pressure towards consensus and unanimity,¹³ and this effect may be exacerbated amongst people working together who are expected to adhere to a common professional standard and code of ethics. It is generally recommended that focus groups will comprise six to eight participants in each group¹⁴ or 'eight to ten individuals'.¹⁵

Strengths and weaknesses of focus groups. The main strengths of focus groups are that they offer: (1) an unstructured research environment, (2) an opportunity for follow-up questioning and probing and (3) an opportunity to create a group dynamic.^{12,16} However, running focus groups also has a negative side, in that they can be: (1) expensive compared to quantitative methods, (2) time consuming and (3) difficult to organise

and carry out.¹⁷ There is also the problem that some people are likely to express 'socially acceptable' views in a group context.

General methodological issues in qualitative research

Sampling and recruitment

The numbers of participants taking part in a qualitative study are likely to be far less than if one was to take a quantitative approach. Hence, it is generally acknowledged that issues of replicability and generalisability can be forsaken in aid of generating a more valid and in-depth account.¹⁰ Moreover, as we do generalise from qualitative research, we take appropriate steps to ensure that our data are valid. Thus, as in all social science research, the researcher must always be aware of the impact of self-selection and self-exclusion on the study results.¹⁸ A person's willingness or reluctance to participate might be influenced by many external factors, which could have an impact on the findings of the research. For example, it is possible that people who do not feel at ease in the natural group from which the focus group members are recruited, or people who are particularly shy, are less likely to come forward to participate. Conversely, people who are extroverted, or hold especially strong opinions, may be particularly keen to be interviewed or observed. Such self-selection cannot be avoided, but needs to be accounted for, and findings need to be seen in the light of self-selection. For example, regarding patient participation: 'those most in need ... the disabled, the chronically ill, and those who are cognitively impaired – may be least likely to participate in focus groups'.¹⁹

Although generalisability is often less of an issue in qualitative research, the idea of uncovering the essence of a phenomenon is; in this respect qualitative research has specificity.²⁰ In order to examine the meaning and context of a phenomenon we need to approach the topic systematically. Looking at the context of recruitment and the relationship of participants in the research is one element of this.

Recording and transcribing

Interviews and focus groups are often audio- or even video-recorded (with appropriate written consent). Recording offers an element of quality control and an opportunity for further analysis, by the interviewer or another researcher. For one-to-one interviews in a quiet room one can use a standard, small tape recorder, however it is important to use a good microphone. Test the equipment before each interview; bring spare batteries for the recorder and the microphone and plenty of blank cassettes/discs.

Tapes are transcribed afterwards, either word-for-word with pauses and hesitations (i.e. verbatim), text only (without pauses, etc.) or key points only (comprehensive language for transcription needs to be agreed). Transcribing a 1-hour audiotape usually takes about 4 hours, or longer if the researcher is a slow typist. Transcribing should be done as soon as possible as the interviewer is more likely to recall exact details. If tapes are transcribed by a third person, consider issues of confidentiality; and do check the transcript, as a typist unfamiliar with the research topic may hear words differently!

Vignettes

Sometimes researchers use vignettes to initiate a discussion in interviews or focus groups. Vignettes are themes and possible questions, or short scenarios produced, for example, on a set of cards. These are designed to get

interviewees thinking and talking. If they are produced on separate cards the order can be varied to allow the interview to be as natural as possible and for the interviewer to be reactive to issues raised by the interviewee.¹⁰

Taking field notes

The researcher must take notes, directly after each interview, to record details of interview length and location and any relevant details such as problems during the interview that could affect the interpretation or transcription. Notes should be used in the analysis and during writing up as they can help put the research information into context for the researcher as well as the reader, for example, one may record the demographic details of the participants, the seating arrangement of a focus group, the location of the interview, and so on.

Conclusions

Qualitative research methods are increasingly recognised as a valid and valuable tool for collecting and analysing data about complex issues in health and social care settings. The methods can be used to address a variety of questions, and when used in conjunction with one another can greatly aid in the triangulation of data. The issues around analysis, interpretation and quality control will form the basis of the second paper in this mini-series on qualitative research.

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